

FILED JUN 24 1946

Registration District No. 55

Primary Registration District No. 5798

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Frotter Sup  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDD RICE STARK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Wm Stark 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 31 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Carroll Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter Myers 4  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Heiman  
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Ed Stark  
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 6-11-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beatty Cem

18. (a) Signature of funeral director Stanley Giben  
(b) Address Carrollton Mo

19. (a) 6/9/46 (b) Mrs Nerber Colwell (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1946 hour 8 minute 00P M.

21. I hereby certify that I attended the deceased from March 1 1946 to June 9 1946; that I last saw her alive on June 9 1946; and that death occurred on the date and hour stated above.

Immediate cause of death:  
① Acute myocardial failure  
② Bronchial asthma

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within 6 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 112

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature John H. Platy (M. D. or other) 0  
Address Carrollton Mo Date signed 6/11/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-20-46

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**